

Writings in Gerontology

National Advisory
Council on Aging

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Conseil consultatif national
sur le troisième âge

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Aboriginal seniors' issues

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ABORIGINAL SENIORS' ISSUES

Papers by:

**Margaret Labillois
James Frideres
Christopher Armstrong-Esther
Bill Mussell
and
Bernard Saladin d'Anglure**



**March 1994
National Advisory Council on Aging**

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Également disponible en français sous le titre:
Questions touchant les aîné-e-s autochtones

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The *Writings in Gerontology* present indepth examinations of topical issues in the field of aging. The opinions expressed are those of the authors and do not necessarily imply endorsement by NACA.

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WHAT IS THE NATIONAL ADVISORY COUNCIL ON AGING?

The National Advisory Council on Aging (NACA) was created by Order-in-Council on May 1, 1980 to assist and advise the Minister of Health on issues related to the aging of the Canadian population and the quality of life of seniors. NACA reviews the needs and problems of seniors and recommends remedial action, liaises with other groups interested in aging, encourages public discussion and publishes and disseminates information on aging.

The Council has a maximum of 18 members from all parts of Canada. Members are appointed by Order-in-Council for two- or three-year terms and are selected for their expertise and interest in aging. They bring to Council a variety of experiences, concerns and aptitudes.

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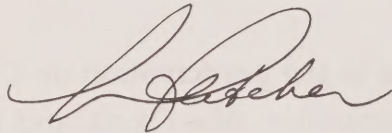
FOREWORD

The *Writings in Gerontology* Series is intended as a vehicle for sharing ideas on topical issues related to the quality of life of seniors and the implications of an aging population. It is produced as part of the National Advisory Council on Aging's mandate to publish and disseminate information and to stimulate public discussion about aging.

The Council endeavours to ensure that the articles in the series provide useful and reliable information. Most of the texts are original manuscripts. Some are written by Council staff, others by experts in their fields.

This series is addressed to seniors and the people who care about their well-being. It is hoped that readers will find the *Writings* useful.

The Council welcomes comments on the topics selected, as well as on the contents of the articles.

A handwritten signature in dark ink, appearing to read 'S. Fletcher', with a stylized, flowing script.

Susan Fletcher

Executive Director

National Advisory Council on Aging

PREFACE

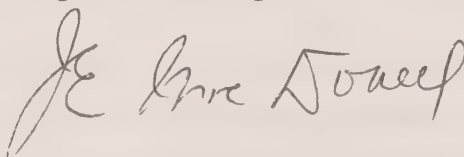
In recent years, Canadians have become increasingly aware of the difficulties faced by Aboriginal communities, as well as of the efforts these communities are making to heal themselves and to revitalize a sense of pride in their heritage, culture and traditions.

Because Aboriginal seniors have not been the object of any appreciable research in Canada to date, there is a serious lack of knowledge about their situation, needs and concerns. It is often assumed that family and other members of the Aboriginal community provide for the needs of seniors, following traditional values and norms. Yet cultural, socio-economic and health-related problems seem to be destabilizing aboriginal communities and families such that the well-being of senior members may be at risk. Policies and programs designed to benefit Canadian seniors as a whole do not appear to respond adequately to their needs and concerns.

Thanks in large measure to the participation on Council of two representatives of Native communities, Abe Okpik and Bea Daniels, NACA became aware of the need to become better informed regarding the situation of Aboriginal seniors to be able to appropriately include their concerns in NACA's advisory and educational activity. To this end, NACA convened a workshop on Aboriginal issues in January 1992 and again in September 1993 at which expert panels of speakers shared their knowledge and insight on the challenges faced by Aboriginal seniors. The presentations made by the speakers of the September 1993 workshop form the basis of this issue of NACA's *Writings in Gerontology*. To this latter workshop, NACA also invited representatives of national Aboriginal associations to comment on and further clarify the issues raised by the speakers. They, in turn, were invited to review their presentation in light of the discussion, as appropriate.

The Council hopes that the information and opinions presented in this volume of *Writings* will contribute to a better understanding of some of the issues facing Aboriginal seniors.

I wish to thank the authors for generously sharing their expertise and the participants in NACA's workshop for enriching the discussions with their first-hand experience of Aboriginal issues. I gratefully acknowledge the work of the NACA Secretariat in bringing these *Writings* to fruition, in particular, Francine Beauregard and Renée Blanchet who supervised the production of the report.

A handwritten signature in dark ink, reading "John E. MacDonell". The signature is written in a cursive, flowing style with a large initial "J" and "M".

John E. MacDonell, MD, FRCP(C)
Chairperson

ABOUT THE AUTHORS

- **Margaret Labillois** is an elder from New Brunswick and a former Micmac chief. She has had a long-standing interest in Native housing issues and is an active member of her community, in addition to teaching at a local school.
- **James Frideres** is a sociologist and Associate Dean for Research at the Faculty of Social Sciences at the University of Calgary. He has had a long-standing interest in aboriginal issues in Canada and has published extensively in this area, as well as on environmental and social impact assessment of development projects. His books include *Native people in Canada* and *Natural resource development and social impact in the North*.
- **Christopher Armstrong-Esther** is a professor at the School of Nursing at the University of Lethbridge. He has done extensive research on the health and social well-being of the Native peoples in both reserve and off-reserve communities.
- **Bill Mussell** is from the Sal'i'shan Institute in British Columbia, a trained teacher, social worker and adult educator who has had careers in corrections and band management. He is the principal educator of the Sal'i'shan Institute and specializes in programming in education, social development and health in a holistic perspective. He recently co-authored a book called *Making meaning of mental health in First Nations communities*.
- **Bernard Saladin d'Anglure** is a professor of Anthropology and member of the Group on Inuit and Circumpolar studies at Laval University in Québec City. He has published widely in the area of Inuit culture and he is often called on to act as a consultant on Inuit issues to both federal and provincial governments.

**ABORIGINAL HOUSING:
A PERSONAL PERSPECTIVE**

by

**Margaret Labillois
Elder and Former Micmac Chief
Dalhousie, New Brunswick**

**March 1994
National Advisory Council on Aging**

INTRODUCTION

In this paper, I present my perspective on housing and Aboriginal elders, based on my own experience and that of my family members. I conclude with a few recommendations.

1. SPEAKING FROM THE HEART ABOUT MY LIFE

My topic today is Aboriginal housing and my approach is more personal than national. I will start with prehistoric times. Among the Micmac, our houses were called 'oigoam'. Non-Indians interpreted this as 'wigwam'; today a wigwam is more commonly called a 'tipi'. To construct the oigoam, several poles were intertwined to represent a tree, and a hole was left at the top where the poles were joined. The structure was covered with birchbark, which was waterproof. Inside, a double wall allowed the air to circulate and the smoke to escape from the hole at the top.

In the centre of the oigoam was a pit in which a fire was lit for heat and light. The floor consisted of tree boughs, laid in such a way that the stronger branches rested on the earth while the smaller branches provided a softer platform for furs, mattresses and blankets.

With the arrival of Europeans and later the creation of a Department of Indian Affairs, Indians were relegated to reserves. Houses were built, but they were of such poor quality that they leaked when it rained. We were forever moving our beds to avoid water damage, and many times we would have to set out big pots or bowls to catch the water. Once we awoke in the morning to find snow drifts at the foot of our beds. Ice had formed on our water pails and had to be broken before we could drink or wash our faces.

The move from oigoam to houses was drastic—from the freedom of the fresh air to the confinement of four walls with no ventilation. Our grandparents were sick. My grandfather, whom I loved very much and cared for for years, died in our home—we could do nothing. I can still hear his coughing. We all became closer to one another as a result; my sister, her husband, we were all in contact with each other—that's what makes us survivors.

My mother was 104 years old when she died. We took care of her from the age of 93, when she fell and broke her hip and couldn't help herself any longer. My mother brought up one of her grandsons, Howard, when his parents were in the sanatorium. She looked after him and he looked after her. They lived together in her home, and I looked after them as well; but I had my own family, so I had to run from their house to mine.

My sister came home from Boston to look after my mother, which she did, but her lifestyle was different from ours. I would find my mother at 10:00 in the morning not having had breakfast or her clothing changed. One day I saw Howard with my mother in a wheelchair, a suitcase on her lap. My nephew said: "If you do not look after Mom, we won't have her for very long." So for 10 years I looked after her in my own home along with my children. They helped—we took turns and helped each other to feed, clothe and bathe her.

We could not see her in an old age home, because she was like an anchor to our ship. As long as she was there, we were a whole family. After she passed away, all her property went to my grandson. Before her death, Howard looked after her financial affairs (pension cheques and allowances). This was fortunate, because otherwise there might not have been enough left to cover funeral and other expenses.

2. ELDERS BEFORE

When I was growing up, elders were always respected for their knowledge and their experience. They were our teachers, our books, our education, our babysitters, our story tellers, and our special helpers—in short, a way of life. Not all elders were respected—just those who had earned that respect.

There was a time when we had to leave our homes to be educated in the white man's world. Our elders were forgotten because, as our language died, so did our links to our elders. There was no communication when the youth could

not speak the elders' language and the elders did not understand the new language the young people had acquired.

3. ELDERS TODAY

Today elders are no longer elders, but just old people. Some 40% of all Indian people living on reserves live on welfare; 49% have less than a grade 9 education; 80% live in poverty. Seniors now have to live off-reserve in rundown homes or apartments. If they have family on-reserve, they may live in one-room downstairs apartments. There is no funding for senior citizens' homes on reserve or research into what their needs might be. (There are not even apartments for young people—in order to get funding they have to live in apartments off-reserve.) It is not their choice, but they have no other choice—they have to leave the reserve. With single people on welfare receiving \$159 every two weeks, where is the money going to come from to build houses.

CONCLUSION

I therefore want to leave you with several thoughts:

1. Housing conditions for seniors living on reserves must be improved.
2. Seniors with disabilities want to live independently, but they also need a lifeline to services that support their independence.
3. A balanced way of life—physical, mental and spiritual—is necessary to the health and well-being of elderly Aboriginal people.
4. Language is the link to the elders; without it, teachings are not handed down. This is the key to continuity in Aboriginal communities.

**THE FUTURE OF OUR PAST:
NATIVE ELDERLY IN CANADIAN SOCIETY**

by

**James S. Frideres
Associate Dean (Research)
Faculty of Social Sciences
The University of Calgary**

**March 1994
National Advisory Council on Aging**

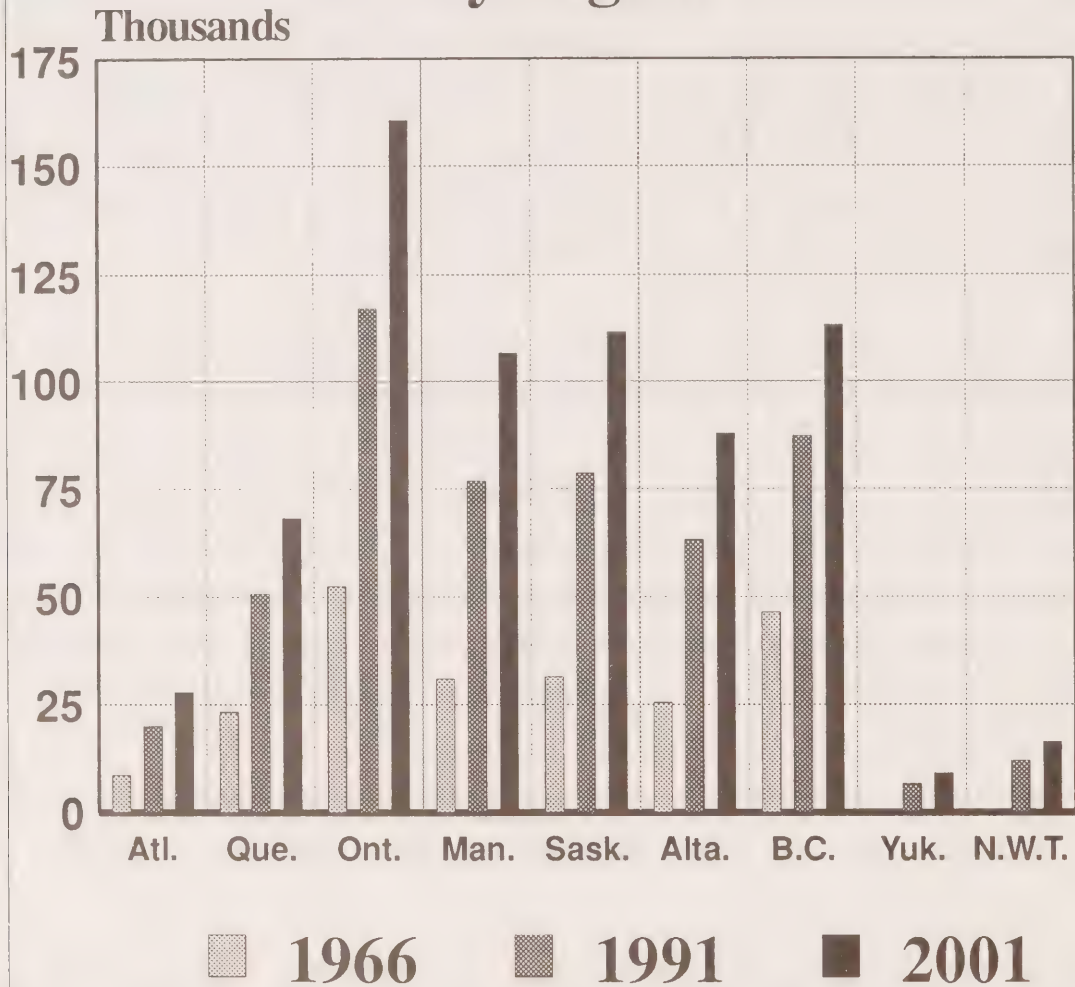
INTRODUCTION

Research has demonstrated that older people in different ethnic groups have various preferences for and actual living arrangements as well as interaction patterns within families, friendship and support networks (Nett, 1993). Driedger and Chappell (1987) summarized some of these differences: older Native people are more likely to live with family members than non-Natives, Chinese elderly are most likely to live alone, older French have greater access to relatives than any other ethnic group, and Ukrainian elderly have more interaction with their sons than with their daughters. These results show that older people from different ethnic groups develop different coping strategies to deal with the onset of aging. The present paper focuses on older Native persons, the problems they face and strategies employed to ensure a minimum quality of life.

The estimated one million Canadians who claim Native ancestry make up about 3.5% of the total Canadian population. Of these, 521,000 are considered status Indians, of which 316,000 reside on a reserve. (See Graph 1 for location.) The remainder are non-status Indians, Métis and Inuit. The Native population is not a homogeneous group; thus attempts to characterize their position in Canadian society are plagued with both semantic and methodological debates.¹ There are, for example, major differences between Native peoples in the North and South and reserve vs. non-reserve Indians. These characteristics reflect differences in language, lifestyles, needs and the ability of the individual to deal with the physical, health and social aspects of aging. Nevertheless, there are similarities among different groups and the generalizations presented must be viewed in this context.²

Graph 2 reveals the population and growth rate of status Indians. The data show that the growth rate mid-century was very high and then slowed down during the 1960s and '70s. Since 1981, there has been a steady decrease in the growth rate, although it remains much higher than that of the general population—today nearly double that of the general population.³ The overall age structure of Canada until the mid-1960s revealed the typical pyramidal structure (where more people are found in younger age groups than in older age groups). Today, as Beaujot (1991) notes, the age structure looks somewhat like an oriental jar, (the bulk of the population is located in the middle part of the age group

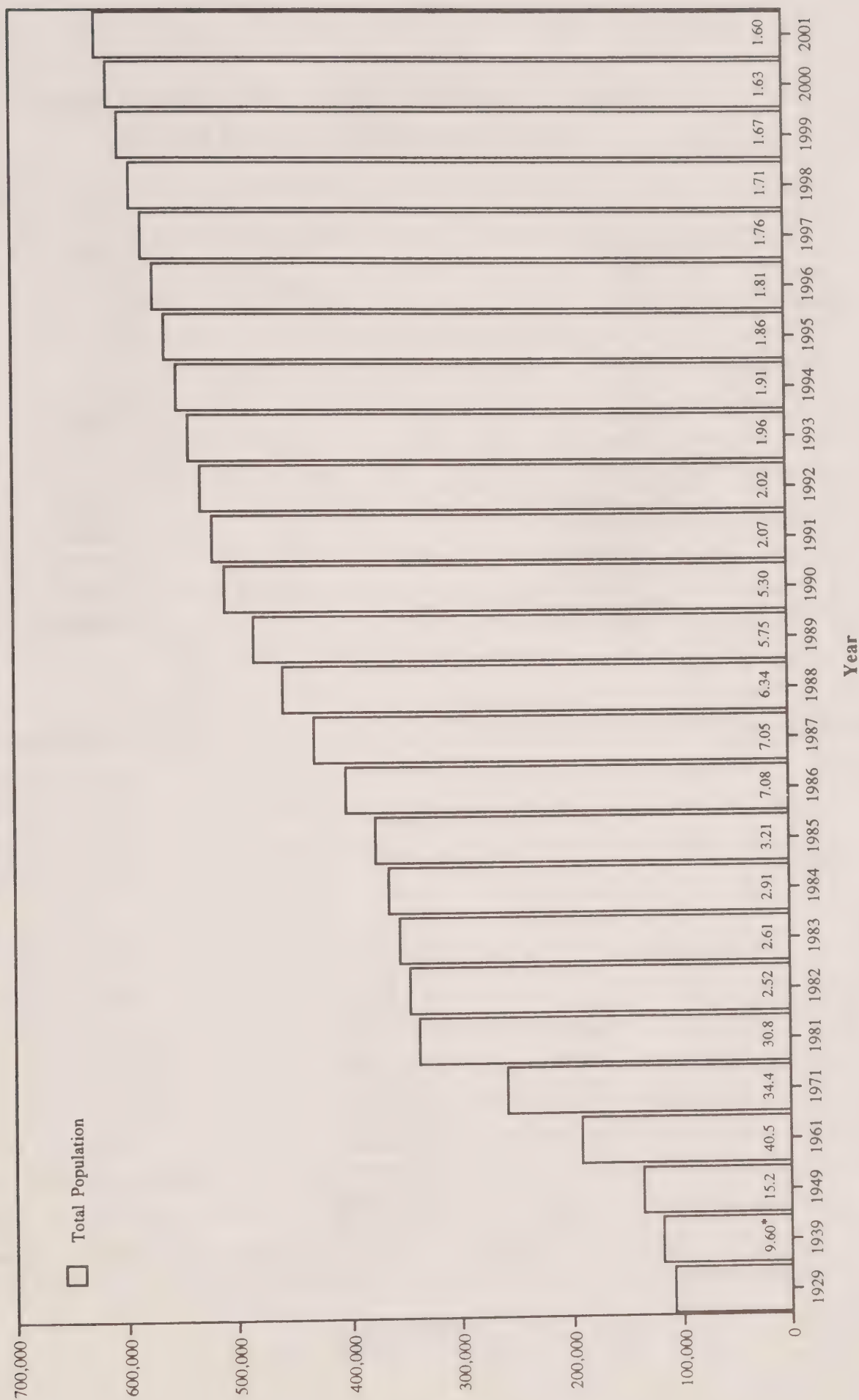
Graph 1. Registered Indian Population by Region



Source: Basic Departmental Data - 1992. Department of Indian Affairs and Northern Development, December 1992.

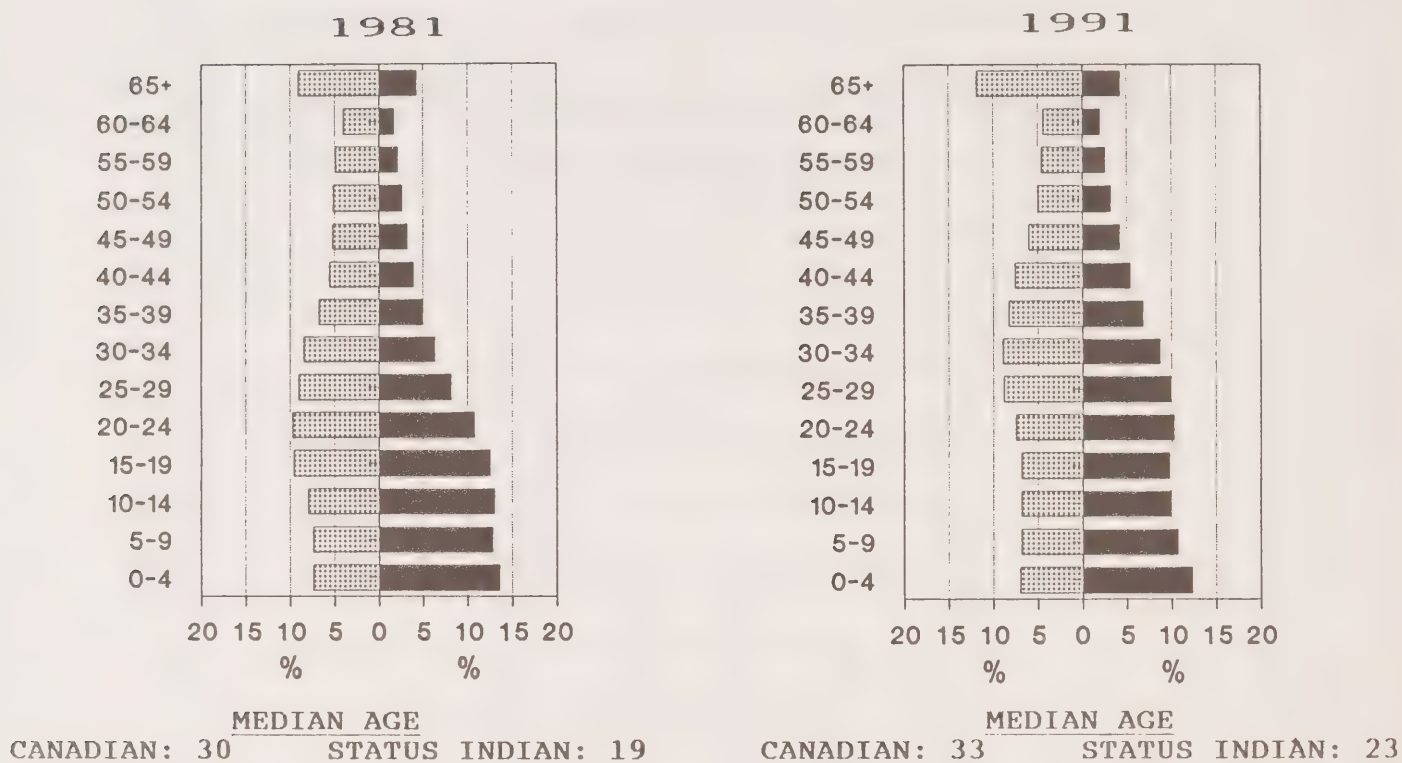
structure).⁴ (See Graph 3.) However, for status Indians, the age distribution is not like that of the general population but rather similar to the traditional pyramid

**Graph 2. Population Growth of Status Indians:
Total, On and Off Reserve, 1929 - 2001**



* Growth Rate
SOURCE: Indian and Northern Affairs Canada, *Highlights of Aboriginal Conditions, 1981 - 2001, Part I: Demographic Trends, 1989, 21.*

Graph 3. Age Structure of the Populations: Canada and Total Status Indians

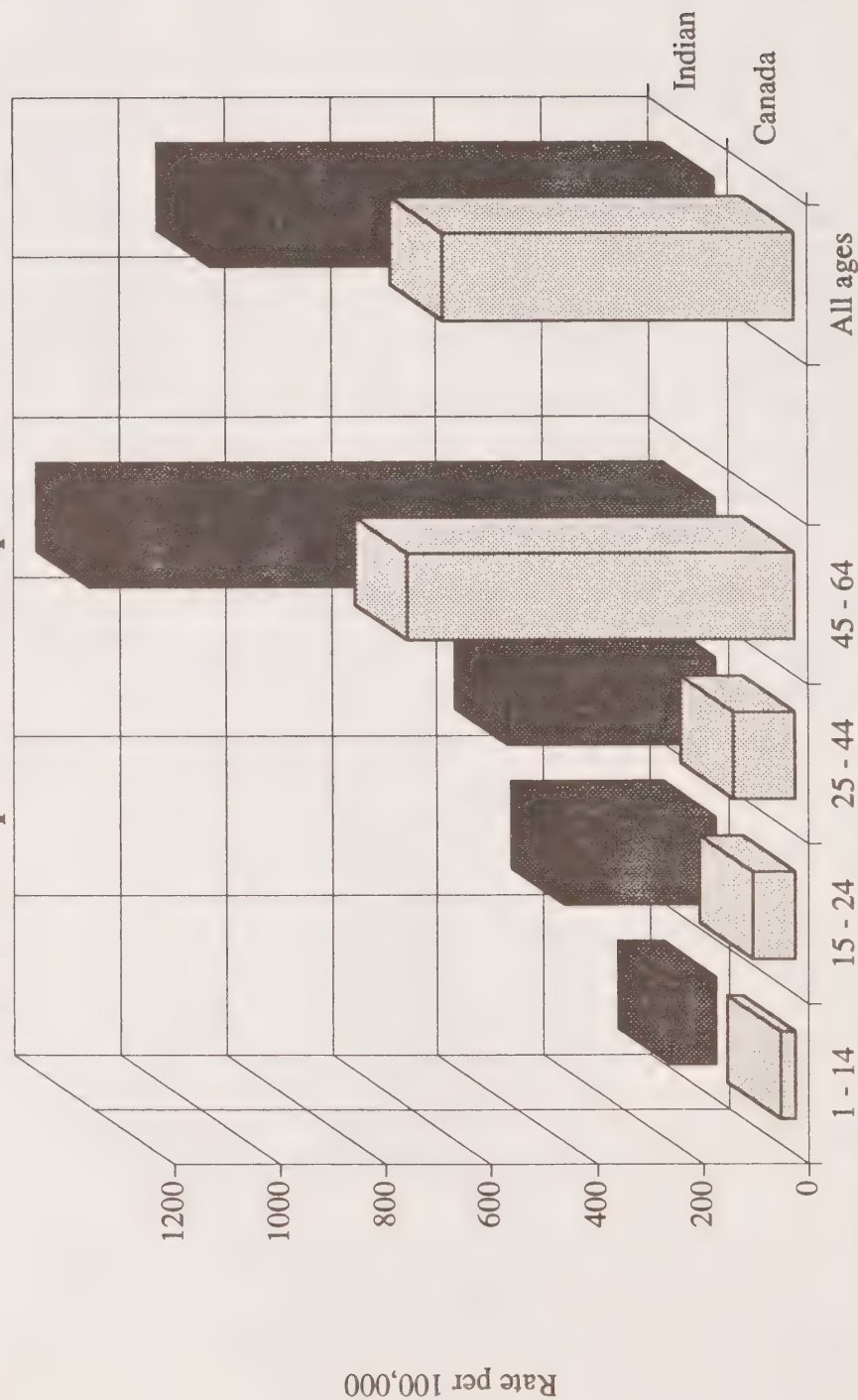


structure. The Indian population is and will continue to be younger than the Canadian population for some time to come. The median age is 10 years younger (26 vs. 38) than for the general population and the gap is expected to continue.

The aging Native population is increasing in size as mortality and morbidity rates have decreased substantially over the past half-century as a result of the increasing number of health facilities available for Native people, a reduction in communicable diseases and the provision of health services.⁵ Consequently, the aging Native population (65+) has increased steadily from 2.2% to 4.8% between 1951 and 1991.⁶ These figures are far from comparable to those for the general population of 7.8% and 10.6%. For both groups the population aged 65 and over is growing at a rate three times the overall growth rate. (The number over 80 years of age grew at four times the rate.) Current data suggest that the total number of status Indians over age 65 will grow by 1.4% annually between 1991 and 2001. As Stone and Frenken (1988) point out, there is a "veritable population explosion among seniors of more advanced age which will not end in the near future" (p. 35). Both groups are aging, but the cohort is different. Native people are aging from youth to working age while the general Canadian population is aging into retirement. While these figures reveal substantial increases, it should not be forgotten that Native people still live, on average, a decade less than other Canadians. (See Graph 4.)

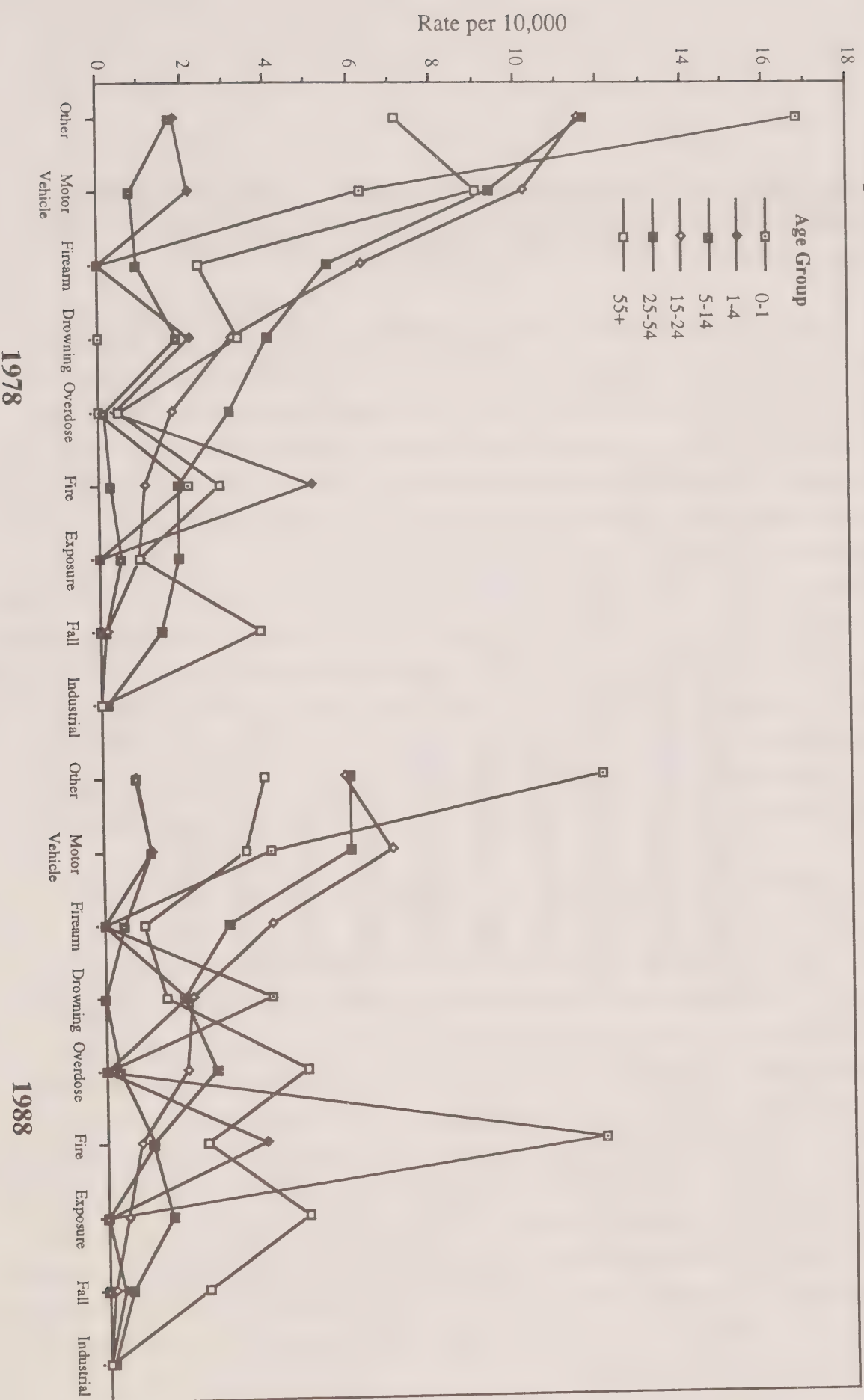
Most Native people can be characterized as part of the underclass of Canadian society, i.e., they represent the poor, uneducated⁷ and unemployed of our society.⁸ The increased life expectancy of Indians will result in a larger population of elderly with their own special needs. At present, life expectancy at birth for Indian females is 47 (compared to 75 for non-Indian females) and 46 and 68 for Indian and non-Indian males. In addition, Native people suffer from many more health related problems⁹ (see Graph 5) than the general population because of inadequate nutrition, substandard living conditions, low levels of education and poverty. Furthermore while the average Canadian spends 13 years of his/her lifetime with a disability (and normally at the end of life), Native people have

**Graph 4. Death Rates Between Age 1 and Age 65
Indian Population Compared to Canadian**



Source: Ellen Bobet, *Inequalities in Health: A Comparison of Indian and Canadian Mortality Trends, Health and Welfare Canada, Ottawa*

Graph 5. Native Deaths (Accidents and Violence) by Age Group, 1978 and 1988



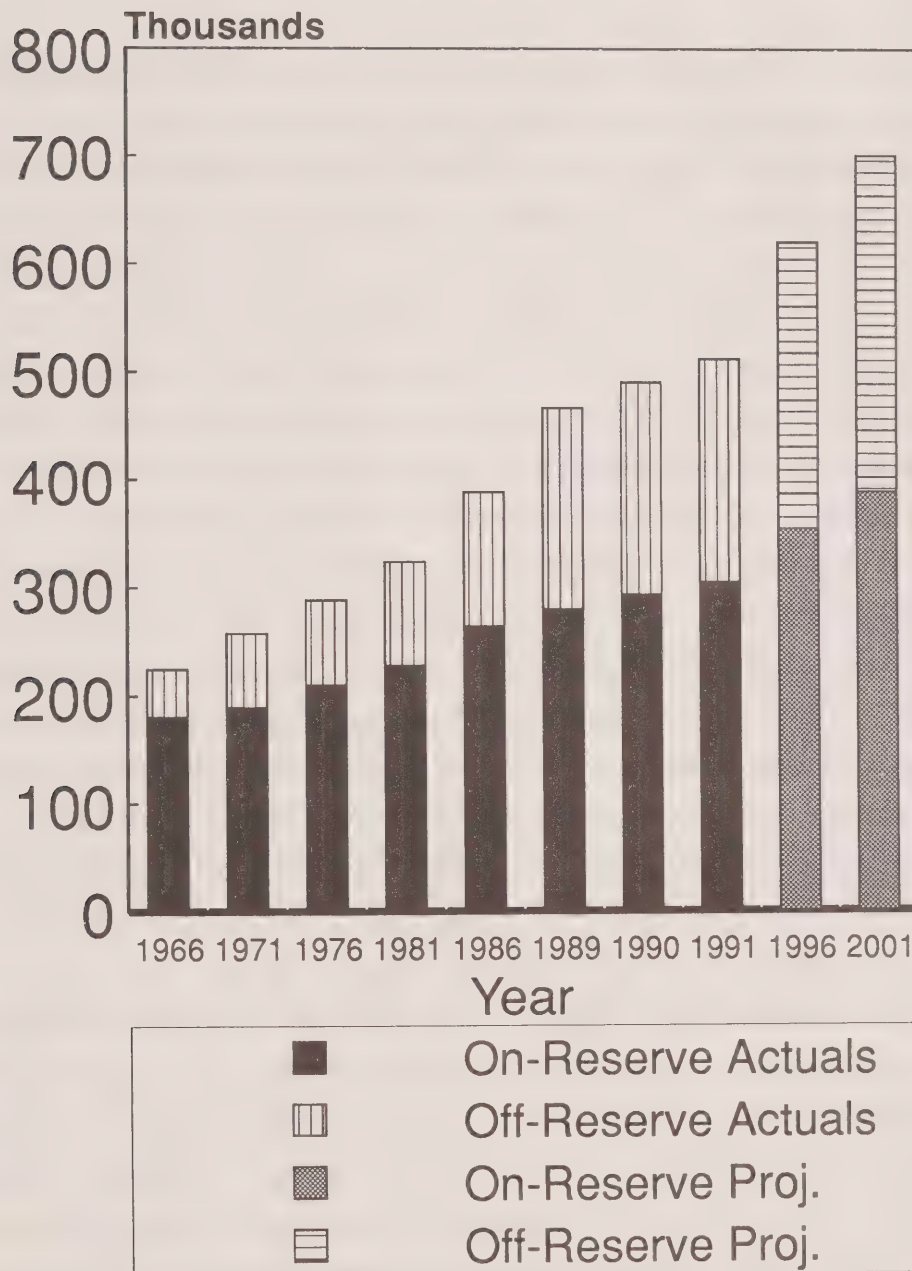
disability for over twice that duration, throughout their life. This fact has remained constant for the past century and underscores the underclass position Native people have occupied for an extended time.

Bienvenue and Havens (1986) identified the amount of help provided to older Native people in Manitoba by family and friends (informal assistance) as well as through formal assistance channels. Their results showed that for certain dimensions of life, e.g., meals, shopping, repairs, older Native people used much more informal assistance than did non-Natives. Nevertheless, the overall need for formal assistance is much more pervasive for older Native persons than for the non-Native population. The practical consequences of such a life is that both welfare and adult care services have increased dramatically over the past decade. In the last 10 years, per capita expenditures have increased by an average of 7.5% annually, which in dollar terms means that expenditures for on-reserve Aboriginal people increased from \$5,600 to \$12,400 between 1981 and 1992. Welfare and adult care services have grown at an average annual rate of about 16%. The cost of adult care services has escalated to nearly \$30 million a year, while welfare assistance increased from \$39 million in 1981 to well over \$200 million by 1992.

1. URBANIZATION AND THE PROCESS OF MIGRATION

The migration of Native people to urban areas of Canada began after the Second World War, increasing until the mid-1960s. (See Graph 6.) During this time, officials saw unprecedented numbers of Native people entering and remaining in the cities. They came to the city in some cases looking for better economic opportunities, actively encouraged by the Department of Indian and Northern Development (DIAND); in other cases, youth were rebelling against their parents. New modes of transportation, e.g., roads and bridges, made cities more accessible, and compulsory education offered in urban areas also encouraged migration. By the mid-1960s, over one-third of the Native population resided in urban areas. Since that time, the proportion has declined slightly, such that today about 30% of the Indian population resides off-reserves. The introduction of

Graph 6. Registered Indian Population Growth On and Off Reserve



Source: Basic Departmental Data -- 1992. Department of Indian Affairs and Northern Development, Canada.

Bill C-31 may precipitate some return migration to the reserves, but legal and economic conditions today suggest that this is unlikely to occur in any substantial numbers.¹⁰

The movement off reserves represents a series of temporary short-term moves for Native people—except for women who lost their Indian status.¹¹ In these cases, the woman may have tried to fit into the dominant social framework through her husband. And, it would seem, many of these women were in fact able to bridge the cultural differences, albeit not without difficulty, after a period of time. However, those who were not able or willing to assimilate were left to the vagaries of the bureaucracies of Indian Affairs and provincial governments. Being poor, often single and usually with children, they had to develop their own networks, networks often fashioned out of the desperate realities in which they found themselves. Serious dislocations resulted. The networks formed were short-term strategies focused on achieving immediate goals and did not link with ongoing, formal institutional structures that might have been able to help them or their children in the long term. These networks were also notoriously unstable since they rested upon individuals, not structures; as a result, these individuals may now be isolated, estranged and alienated. Lacking the organizational capacity to bring about change, these marginalized individuals were further isolated from the larger dominant community, their own community, including the younger generation.

Mainstream state-controlled organizations could not officially or effectively handle special client groups. They were expending too much time and money to service so few special clients. Thus, they created specialized organizations to deal with ‘problematic’ clients. Thus were born the Friendship Centres and other urban Native organizations. But some of these organizations had other priorities, e.g., land claims, self-government, treaties, and since there were few elderly in urban areas, little action was taken on behalf of the Native elderly. The elderly did not constitute an organized vocal group, and because no one knew how to deal with elderly Native people, little was done to help them integrate into Canadian society. In addition, since urban Native people had not formed networks with mainstream

institutions such as religious organizations or voluntary associations, they were equally excluded from participating in or soliciting help from mainstream institutions, further intensifying the isolation.

2. THE CONTEXT

Anthropologists have noted that each society has a collective orientation that all members of the society use to make choices, resolve dilemmas and accept resolutions as valid and binding. Each culture also has a system of shared values and beliefs that allow for the stable and efficient functioning of societies. Furthermore, each of the institutions of a society has developed moral and ethical standards that govern the behaviour of members. These rules and guidelines provide standard information to members on such issues as how to define the division of labour, how goals are to be legitimately attained, and how and when rewards and punishments are to be administered. A calculus of 'transaction costs' is available to all actors in that society for a variety of social situations. In addition they provide a legitimacy as to how individuals govern their own behaviour as well as their behaviour with others. As such, individuals are socialized to accept the shared view of the world. As Wilson (1992) points out:

[...] shared cognitive orientations are part of the psychological basis for feelings of belonging; they are also guideposts that describe an individual's place in society, justify allegiance, and spell out the goals and means of group activity. Additionally they are part of specific rules that compel particular forms of loyalty and participation (p. 17).

The 'compliance ideology' identified by Wilson is a set of ideas that describes both the world that is and the world that ought to be, with moral and ethical judgments about fairness interwoven into this belief. These ideologies provide a blueprint for individuals in showing them how they should act and interact with others in a variety of social situations. Finally, it provides a set of 'rules' by which individuals make decisions as to choices, methods of interaction, resolving dilemmas and accepting particular explanations as correct. It provides individuals with an explanation and justification for the way society is organized,

as well as why people behave the way they do. This ideology also supports and justifies the way institutions are arranged and linked to each other in a society.

The context in which senior Native people were raised was substantially different from the surrounding mainstream structure. Today they find that the environment in which they operate is different from the social environment they occupied a half century ago. For example, most older Native people did not leave the reserve/colony for prolonged periods of time before they were 20 years of age. In addition, many of the older individuals were born and raised before the advent of major changes in our social structure, e.g., urbanization, codes of human rights, social assistance programs. They were raised in a very traditional lifestyle (at least in their early lives) and achieved compliance with a culture that would be under siege for the rest of their lives as Canada entered the industrialized economy and fully endorsed the tenets of capitalism. The skills developed by this generation were nearly obsolete by the time they achieved adulthood, and traditional activities such as tanning hides, tracking animals and other modes of traditional behaviour were of marginal import to the Canadian economy by mid-century. Traditionally elders were thought to be closer to the spirit world and thus needed to be respected (Kasakoff, 1992). De Laguna (1972) notes that older Native people were given a special status, regardless of their formal status in the community. In some cultures, such as those on the Northwest Coast, it was believed that elders would return to the living world through a form of reincarnation, thereby ensuring that older people were treated well. Today the elderly are not universally afforded such status.

In short, elderly Native people have experienced double alienation, as they have remained outside the mainstream Canadian institutional structure as well as outside the changing Native community. Unable to speak one of the two official languages,¹² these elders have become increasingly distanced from the dominant society. At the same time, they are increasingly estranged from their own communities as a result of extensive social and political change, e.g., movement from a hunting and gathering society to one of social assistance, formal education becoming paramount, increasing incidence of drug abuse and family violence.

They also found their influence within the Native community diminished as their economic, spiritual and other forms of contributions became less and less important to the functioning of the community. In many cases their role has been reduced to a symbolic function (Block, 1979). Further marginalized, older Native people have sought refuge in the family unit, e.g., nurturing grandchildren who are without the support of the children's parents.¹³ Their only ability to salvage self-esteem and self-worth seems to be their willingness to take care of the younger (and other forms of a dependent population) generation who have been entrusted to them.¹⁴ While this suggests a symbiotic relationship between the generations, most older Native people are dependent upon outsiders for economic and social support, e.g., social welfare agencies, religious institutions (Strain and Chappell, 1989).

How has this happened? Why has the older Native population found itself outside and peripheral to society? First, as noted above, people are socialized into accepting the ideologies of their culture and once accepted, change does not come easily or quickly. As Michels (1962) points out, an individual's ability to envisage new institutional linkages or accept different compliance ideologies is partially a function of the level of technology of the society. For example, people who live in non-industrialized economies are less likely to be exposed to different social and political perspectives and thus view the world as stable and enduring. Henry (1963) goes on to suggest that in traditional societies, most individuals have a fixed 'bundle' of desires which, when exceeded, are distributed to others. In the present case, most of the older Native people were raised in a traditional culture without the pervasive forces of a market economy.

As a society enters the market economy, social institutions are realigned to take advantage of the new structure. In many countries, formal education becomes the vehicle to inculcate a new or more cosmopolitan perspective in the younger population. Again we find that the elderly cohort of Native people was not an active participant in the educational system, while their children would have been exposed to the impact of such institutions. In summary, this group has been excluded from participating actively in the institutional arrangements that might

have produced what Wilson refers to as 'transvaluation.'¹⁵ This is a term used to identify the process of social change; when beliefs about what is and ought to be changed because the structure of society changes, e.g., an agricultural society that evolves into an industrial based economy. As a different social structure is established, new norms and values develop and individuals who are participating in the new social arrangements, accept as legitimate. As a result, these people begin to think differently about themselves and group life.

Change is an active process. It cannot be assumed that individuals will change their compliance with a new ideology through their passive experiencing of a new societal organizational structure. A change in compliance ideology requires an active involvement in the new social system. As people work in institutions, they are exposed to the new ideology which requires that they accept the norms and values, as well as the patterns of control and co-ordination. These shifts will be slow, specific by sector and issue, and will merge only gradually into a coherent pattern of action. Over time the individuals will be resocialized to accept the new compliance ideology, develop new patterns of behaviour and beliefs, and co-ordinate their behaviour with others in the society. In the case of older Native people, they were not required to participate actively (and some might argue were coercively kept out) in the market economy or the social fabric. They were allowed to remain on the reserves/colonies and supported by the new social welfare programs that emerged after the Second World War. In a more cynical vein, one might conclude that the predominant racist beliefs of the pre-war years actively prevented Native people from participating in mainstream society and integrating into the social and economic structure.

CONCLUSION

The inability of senior Native people to participate in the transvaluation of their compliance ideologies has left them marginalized both within their own communities and in Canadian society. Their children, exposed to and participating in both the market economy and the formal education system, have nearly completed their own transvaluation process. Hence, they operate under structural

and psychological constraints foreign to their parents and grandparents.¹⁶ In addition, the social community that was created and maintained for many years by the older generation is threatened and weakened by the introduction of new compliance ideologies. In short, the older generation is unable to maintain its influence or relevance regarding community action and provide individuals within their own community with a sense of identity. New compliance ideologies compete for the loyalty of the younger generation. The result has been a social cleavage in the community structure and organization; some of the activities are relevant to the older generation, while others are not, but no total integration of community action takes place so as to provide a sense of community for all members.

Older Native people are experiencing double jeopardy; they have been forgotten by their own people and ignored by the rest of Canadian society. Their lack of knowledge of the mainstream society and inability to participate (through a lack of social skills such as language, education and training) have kept them from voicing their concerns. Their compliance with a traditional system has prevented them taking on allegiance to the new, industrialized system, and few efforts have been made to incorporate this generation into the new compliance ideology of the industrialized system. They are defined as having few relevant technical or administrative skills for an industrialized society. They lack the social skills necessary for success in a highly mobile, technically skilled society. Rather than developing policy and programs to help integrate these individuals, we continue to isolate them on reserves or in urban institutional settings, providing them with social assistance in order to ensure them a minimum quality of life.

An underlying assumption by Canadians was that over time Native people would, as passive actors in Canadian society, take on the new compliance ideology—the values and goals of mainstream society. Thus, there was no need to actively expend money and time to develop strategies by which Native persons could become integrated into mainstream society. Regardless of the ideology, the result was the same; Native people of this generation did not participate in the dominant institutional arrangements of society. Research has demonstrated that

intergenerational relationships do contribute to adaptation by individuals in late life, and those who do not have contact with their children and grandchildren to provide solidarity and support are disadvantaged as they negotiate the hazards of getting older (Troll and Bengtson, 1993). They remain marginal to almost every institution with the exception of 'social welfare' institutions such as correctional institutions, child welfare organizations and hospitals.

The needs of older Native people are both psychological and physical. Because they are viewed by others as irrelevant to mainstream society, they are defined as having little to offer the urban, industrialized economy, an attitude that is debilitating to them. Their inability to contribute actively to any of the institutional structures of mainstream society has reinforced this belief of 'worthlessness' and has, over the years, been internalized (Fanon, 1970), producing an 'inferior' mindset and a propensity to behave in ways defined as inappropriate by the new compliance ideology. At the physical level, aging Native people require services common to all aging Canadians as well as specific to their unique cultural conditions.¹⁷ Housing, whether on or off the reserve is always problematic for aging Native people. Studies today reveal that residential mobility for older Native persons is much higher than for other Canadians as they search for a permanent home.¹⁸ Even if the individual lives in his/her home, nearly 80% of these homes are in need of serious repair. Access to leisure and other non-work activities is also problematic for older Native people.¹⁹ Several studies have found that nearly half the senior Native population almost never leaves home for more than one hour a day.

Finally, social and health services appropriate to the cultural milieu of Native people need to be provided. Older Native persons find themselves in an alien world, one that is unwilling to acknowledge their contribution to building Canada. At the same time, older Native people are unable to appreciate fully the social benefits of Canadian society because of their inability to accept the new compliance ideology. Acknowledgement is made, however, of the fact that elders have been and are increasingly part of efforts to renew and heal Aboriginal individuals, families and communities.

ENDNOTES

- ¹Native is a generic term used to include Métis, Indian (status and non-status) and Inuit. Indian and Inuit are considered legal terms and are under the responsibility of the federal government while other Aboriginal categories generally are considered a provincial responsibility. Others use terms such as 'First Nations' to identify certain segments of the Aboriginal population.
- ²The differences are most important in terms of policy implementation and the implications of policy. For example, the question of whether funding for health issues should be directed to better health (i.e., detox centers, anti-drug programs) or prolonged life (i.e., liver transplants, open heart surgeries) depends upon one's position in society. While non-Native Canadians want a focus on the former, Native people are concerned with the latter.
- ³The annual growth rate for status Indians peaked at 7.7% in the mid-1980s as a result of Bill C-31.
- ⁴The median age increased from 17 in the mid-1850s to 26 in the early '70s and today is about 32.
- ⁵New forms of communicable diseases are now affecting Native people, e.g., AIDS. In addition the incidence of diseases such as diabetes has increased in the Native population at alarming rates.
- ⁶Strain and Chappell (1989) use age 50 as the definition of elderly for Native people because of their lower life expectancy and the relatively small number in this group.
- ⁷A recent study found that 75% of Native people 50+ years living in the southern part of Saskatchewan had no formal education while in the North, 50% had no formal education.
- ⁸Few older Native people have formally participated in the wage labour force. As a result, many older Native people are totally dependent on government assistance for their livelihood.
- ⁹The Saskatchewan Seniors Citizens' Provincial Council (1987) found that the number of Native elderly who rated their health as either 'fair' or 'poor' was 20% more than for the general senior Canadian population.
- ¹⁰Women who lost their Indian status as a result of marrying non-Indians regained that status through Bill C-31. Many such women and their children attempted to return to their 'home' reserves following passage of the Bill. However, a stable land mass and decreasing funding have forced reserve Indians to resist large numbers of Indians returning to reserves. Changes in the *Indian Act* also prevent the permanent movement of large numbers of individuals back to reserves.

- ¹¹The most common factor that made 'non-Indians' out of 'Indians' was section 12 in the *Indian Act*. This section, which was repealed by Bill C-31, defined Indian women who married non-Indian men as non-Indian.
- ¹²The Saskatchewan Senior Citizens' Provincial Council found that while younger Native people were generally unilingual (English), most of the older Native people spoke a combination of English and an Aboriginal language but preferred to speak an Aboriginal tongue exclusively.
- ¹³Historically elderly couples would live in their own homes, rather than in those of their children, but they would not live alone. A grandchild would live with them, not only helping the elder but also spreading the children around, lightening the load for the parents.
- ¹⁴About 50% of the elderly Native population lives in extended, multigenerational families, contributing economically to the family.
- ¹⁵Community structure and organization are based upon this premise.
- ¹⁶While this disjuncture is true for all generations, the difference between generations is small.
- ¹⁷Health care agencies have consistently found that language skill and ability affect the degree to which formal health caregivers are able to communicate effectively with Native people. They conclude that the education and language characteristics of the Native elderly population may limit their ability to access services successfully. Recent studies have shown that the number of hospital separations involving Native people is three times greater than for the general population.
- ¹⁸Some 75% of families with a household head aged 65+ own their homes, almost all mortgage-free. In contrast, about 15% of Native people own their home.
- ¹⁹Vehicular transportation is a major problem for many Native seniors.

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HEALTH AND SOCIAL NEEDS OF NATIVE SENIORS

by

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INTRODUCTION

There is a serious lack of information, especially research-validated data, on the health and social needs of Native elderly. Because of the lack of data on opinions that are sensitive to the cultural orientation of Native elderly, it is difficult to formulate policy and develop programs and services. Indeed, despite the increasing amount of attention being directed to the requirements of older people in the general population, very little research has been undertaken to determine the needs of Native elderly, according to various sources.¹

1. HEALTH-RELATED NEEDS

Native people attach a great deal of importance to wholeness, and the relationship not only of body, mind and spirit but also family and community. Well-being is, therefore, likely to be considered in terms of the qualities of positive health and social/cultural communion. Yet even from a narrow 'medical' point of view the health needs of Native seniors remain almost totally unassessed, especially from the viewpoint of how these needs are seen by Native people themselves. It is of course well known that Native elderly have a grossly disproportionate chance of having poor health. All the data we have available on individual mortality and morbidity and on socio-economic and psycho-social indicators of health underscore this. Native people have significantly lower life expectancy than others: 9.5 years less for men and 10.1 years less for women. Most of today's Native seniors have experienced unhealthy living conditions for most of their lives: poor diet; inadequate housing; alcohol and tobacco abuse; familial instability; low self-esteem deriving from unemployment, family problems and stigmatized minority status; poor class resources; and lack of awareness of or access to health services that focus primarily on the diagnosis and treatment of disease.

The data we have about actual levels of health (as perceived by the elderly themselves) demonstrate that the Native elderly today often experience 'premature' aging leading to an early death. Studies of the Blood Tribe (Alberta)² or the Saskatchewan urban Native elderly³ and other studies across North America show high rates of degenerative disease, with the prevalence of diabetes four times higher than in the general population. In addition, many middle-aged and older

Native people experience greatly decreased mobility that is tantamount to being disabled and have a high prevalence of back, heart, blood pressure, dental and vision problems. Indeed, a 1983 survey of the Frog Lake community in Alberta⁴ found that 85% had arthritic pain and 75% had hearing and vision problems. While low rates of return make the representativeness of a recent survey of elderly by the Alberta Indian Health Care Commission⁵ an issue, the findings are nonetheless important. A remarkable 25% had seen a doctor within the past two weeks and 81% had seen a physician recently. Some 62% had at one time or another had a personal medical crisis of sufficient magnitude to require emergency transportation to a medical facility. Over half had spent some time in hospital over the last year, for an average of 10 days. Some 42% of those responding classed themselves as dependent, and another 29% as partially so; of these 45% attributed this dependency to disease and another 33% to getting old. Furthermore, 30% cent claimed that their current living arrangements were the result of their inability to care for themselves, and 42% found their present living arrangements unsatisfactory.

As McPherson⁶ notes, people's 'subjective' perceptions of the state of their own health have been shown repeatedly to correlate strongly with objective assessments, particularly in North America. In an extensive survey of urban elderly in Saskatchewan,⁷ it was found that 6 out of every 10 Native elderly perceived their health to be 'fair' or 'poor'. Moreover, even though the Native senior respondents were drawn from those age 50+, while comparable data for Saskatchewan seniors at large was for those 65+, these Native elderly were 2 to 3 times more likely than other seniors to report that their health was 'poor'. Some 82% of those judging themselves to be in 'poor' health claimed to be often sad or depressed.

2. THE COMMENCEMENT OF OLD AGE

The question that also arises from any discussion of life expectancy or morbidity and disability (which will affect both employment prospects and dependency level) is the most useful minimum age at which to demarcate a Native

person as 'senior'. In this we have some guidance from previous studies. Armstrong-Esther and Buchignani in their Health Care Utilization Study of the Blood Tribe proposed 55 years. This notion is supported by Driedger and Chappell⁸ who state that while old age is usually defined as starting at age 65, this is a social definition resulting from the establishment of retirement norms and legislation. In reality old age is whenever health and functioning deteriorate to a level that results, as we age, in decreasing independence and mobility.

It is generally agreed that the living conditions under which most Native people live remain much poorer than those typical of the non-Native population. Moreover, degenerative diseases commonly associated with old age are much more likely to affect Native people earlier and with greater intensity. Some of the social and psychological consequences frequently identified with progression into old age and deterioration of the sense of well-being, such as loss of friends, spouse and relatives either come earlier or are part of everyday life throughout the adulthood of Native people. It is therefore reasonable to consider those Native people who are 50 years of age or older as seniors or elderly, and future planning, policy, program development and services provision should reflect this.

3. SOCIAL NEEDS, MENTAL/SPIRITUAL HEALTH CONSEQUENCES

There is a common, though not well established, perception that Native elderly prefer that their broader psychological, socio-cultural and socio-economic needs be met in the context of the family and community. Some Native elderly have asserted this, as reported by the Peace River Health Unit.⁹ Similarly, a small survey of Native seniors done by Elk Point District in 1987¹⁰ expressed their uncertainty about living in local nursing homes or seniors' lodges despite their feeling that their current housing was substandard. In 1988, a Senior Advisory Council (Alberta) member carried out an informal survey of two Metis settlements (Elizabeth and Fishing Lake) and one reserve (Frog Lake) and found the majority of Native elderly living with relatives. The Saskatchewan Senior Citizens' Provincial Council Study found that 40 to 50% of urban Native seniors in that

province lived in some kind of extended family. The 1983 report by the Frog Lake Band also concluded that it was preferable for band seniors to remain in contact with their families and community.

Even so, we know very little about how older Native people themselves view the role of family, social networks, informal care arrangements and community in providing for their needs. The available literature shows a strong desire for independence on the part of the elderly, and in numerous instances it is far from clear that older Native people reside with family simply because they wish to do so. It is important to know how individual older Native people actually view informal care arrangements, as well as how they value access to institutionally-based services.

In the non-Native community it is now clearly recognized that elderly people wish to stay in their homes and in the community for as long as possible.¹¹ Supporting elderly people in the community does, however, have important implications for formal services and family members or friends who may see themselves cast in the role of unpaid caregivers. Government policy and planning are very much directed to community-based care because of potential savings to the health care system. One of the concerns about the trends to community-based care is the assumption by government that there is a whole army of informal caregivers who can, and are willing to, provide care to elderly relatives and friends.¹² Another important and emerging issue in relation to informal care, in both Native and non-Native communities, is the part played by women and their changing role in both the family and society. In addition, many children of Native elderly leave economically depressed rural areas and reserves in search of employment and education,¹³ and this may strip away social support networks of informal caregivers. The gap widens further as the technological and educational advances of the younger Native population are increasingly viewed as having more importance in modern society than the traditional knowledge and experience attributed to the elderly.¹⁴

Thus, the mental, emotional and spiritual health of Native seniors may be affected by a perception that they do not have adequate family or community structures in place to allow them to be more self-reliant or aid self-actualization. Hence, once of the most critical problems facing the Native elderly may not be 'medical health issues' but rather the loss of continuity in their lives.¹⁵

Many of these individuals may be what Weeks and Cuellar¹⁶ have labelled 'followers of children.' In their San Diego study, they concluded that while 'followers of children' maintain daily interaction with their children, this close relationship can contribute to their failure to venture from their home, make friends, take part in activities in their community or access the services that are available to other seniors. This may well be a particularly acute problem in cities, where an increasing proportion of older Native people are found. Failing health may be a major reason for moving to an urban area, yet conditions there may be such as to limit individual options profoundly. Those who migrate to cities must also cope with the effects of acculturation pressures brought about by urban living and a host of new social influences. Certainly, almost all are likely to be poor in comparison to others, and most are likely to be almost entirely dependent on fixed incomes derived from social assistance, Old Age Security and the Guaranteed Income Supplement. If the situation of urban Native seniors in Saskatchewan gives any guidance, as many as a quarter of urban Native seniors live alone, many remain in their homes over long periods not venturing out, and when they go out they may be entirely dependent upon others.

CONCLUSION

In terms of current and future issues, there remains a need for more information, namely on the following topics:

1. Perception of health
2. Housing, community care and support
3. Mobility and transportation
4. Education and information about existing services and programs

5. Income shortfalls resulting from limited financial resources and inability to build up retirement income
6. Involvement of older Native people in the planning and administration of programs and services for their use.

Reliable knowledge of the health and social needs of a given population is critical planning information for anyone wishing to improve services to older people, and perhaps the single most important body of such knowledge comes from the seniors themselves. The alternative of developing programming in the light of what people 'should' need has been shown repeatedly to be inefficient and inappropriate. History shows us that to deal effectively with the needs and aspirations of Native people requires a deep understanding of many social, political, economic and cultural issues, some of which are unique to Native populations while others apply to Canadians in general. Cultural diversity also requires a much broader definition and understanding of social need, the meaning of health and how to achieve it.

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FIRST NATIONS ELDERS AS RESOURCE PERSONS/EDUCATORS

by

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INTRODUCTION

This paper looks at the challenges facing Canada's First Peoples and then considers the nature of the resources possessed by elders. Do they possess knowledge and skills that will help younger people find personal, family and community answers to the pressing personal, social and other problems?

Answers to this question bring into focus the significance of the formative experiences characterizing the lives of our oldest community members. Understanding the effects of these experiences is necessary to create situations and conditions in which our older members can have purpose, know pride and dignity and, at the same time, receive assistance and experience meaningful opportunities to sustain holistic health and maintain purposeful roles in their respective families and communities.

The reader should note the following: When referred to in this paper, an elder is seen as a person with considerable experience and knowledge. It is not limited only to those individuals who have been honoured and given the name 'Elder.'

1. EDUCATION AS KEY

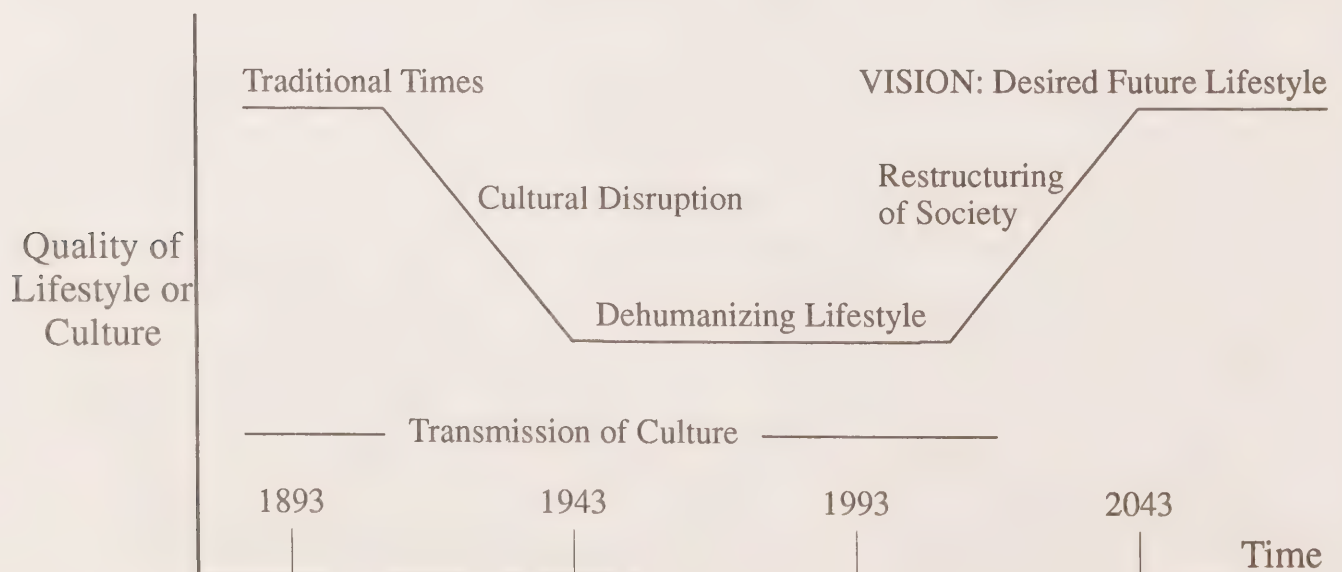
Culturally cogent education and training opportunities are major keys to a more promising future for Canada's First Peoples.

Successful teaching/learning experiences involve knowing: (1) one's inner world; (2) one's external environment; (3) one's cultural history and family heritage; (4) the effects of positive and negative forces on earlier generations, today's families, and collectives of families known as communities or villages; and (5) the knowledge embedded within personal life experience and being able to use it to create or recreate additional tools to enrich personal insight and to increase abilities to help others to empower themselves. Such knowledge influences the ability of grandparents, parents and other caregivers to transmit culture to succeeding generations. First Peoples have been deprived of opportunities to learn this

knowledge. The effects of history have had serious, negative consequences for all but a few individuals.

In Western Canada, most surviving elders were born between 1910 and 1930. They were raised by parents or other caregivers who were born and raised between about 1875 and 1910. The first residential schools were opened and operating between 1860 and 1880, and by 1920 there were 16 such schools in British Columbia. This is reported because invasion by the church and the first two orders of government are identified with cultural disruption depicted in the above figure.

The removal of children from their families and communities to residential schools began as early as 1861 in the West. Descriptions of these ‘schooling’ experiences portray the worst of institutionalized training. Young people had to learn in a foreign language without nurturing caregivers in most instances. They were subjected to harsh methods of punishment for not conforming and failing to meet expectations which were often unrealistic and inappropriate. Opportunities to grow emotionally, intellectually and spiritually were not priority goals of the church and government.



When these individuals became parents they lacked experience as nurturers. Many of them were able to provide only custodial care to their children. Many of them raised their children the way they were raised. The negative consequences of such parental practices were compounded by unresolved issues related to a wide variety of abuse and neglect.

Individuals who are today's elders more often than not found it difficult to 'reintegrate' with their families and communities when they returned home from residential schools for the summer holidays. Some of them found it very, very difficult to communicate with family because of an inability to speak a common language and sometimes to relate to the behaviours characterizing life in the more natural community.

2. PRESENT REALITIES

Consciously knowing the effects of cultural disruption contributes to the knowledge necessary to understand today's lifestyle. Abuse of addictive substances, the phenomena of violence and abuse, the incidence of suicide, problems of self-care and self-sufficiency, chronic dependency, learning difficulties and other kinds of indicators of poor mental health are harsh realities facing most First Peoples today. The study of history also reveals, however, the will of First Peoples to survive and their ability in some instances to transmit positive traditions that foster healthy growth and development.

For most First Peoples of Indian status and living on reserve, opportunities to obtain an education that would make them competitive with non-Native people were not available until the 1960s. This happened in British Columbia in 1961 when the federal and provincial governments signed a master tuition agreement. The first graduates of this new era in education, starting in grade one, would have finished high school no sooner than 1974. Successes in this new system of education have been few and far between. Learning 'how to learn' has not been a

priority objective. Consequently, most learners find themselves having to memorize content. They therefore have not had reach opprtunities to make what is being taught their 'personal knowledge.'

Up to the 1970s, most people of indigenous background were not able to obtain higher than a grade 8, and sometimes a grade 10, formal education. How well prepared and equipped would they be to tackle the issues and problems of governance, Aboriginal rights, addictions and so on?

During the 1960s, leaders of Native communities were asking the different levels of government to provide educational and training opportunities and more resources to meet basic needs such as housing. They were also asking for recognition of Aboriginal title and rights because they were being ignored. The documented and oral history of the people does not reveal a conscious awareness that they believed they could make significant changes themselves. Dependency on outside resources was already entrenched. The people were well prepared for this dependency by the training they had received during earlier generations.

In the 1980s, some community leaders began to recognize that real change takes root and 'grows' only when the people who need and want change are actively involved in the process of learning and thereby modifying their lives. As the decade passed, more leaders began to discover that grieving of losses and healing were necessary for significant numbers of people in their communities to change their personal and family lives.

In the 1990s, increasing numbers of individuals are pursuing studies—formal, non-formal and informal—to create the working knowledge to promote, support and responsibility manage grieving and healing which are necessary to focus energies upon other challenges connected with self-care, family wellness and community health. Creation of the working knowledge necessary to promote self-knowledge, family health, and mutual aid and development of abilities to make a living in the modern world are other kinds of present-day pursuits. Very important work is being done and progress is being made by some Native post-

secondary institutes that specialize in training their own caregivers, leaders and other specialists.

3. STRATEGIES FOR CHANGE

Building strengths while implementing strategies to promote individual, family and community health is the primary challenge facing the community leader, volunteer and paid worker. The effectiveness of these and other agents of change depends upon their ability to transmit culture and to enrich it through interaction with community members.

Restructuring, as shown above, will be successful if the community members: (1) define and understand how they came to live as they do; (2) are unhappy about the lifestyle; (3) agree upon what needs changing; and (4) commit themselves to finding their own answers. It is important that the individuals working with community members to meet these challenges are genuinely caring, inspiring, intelligent and helpful agents of support and assistance. It is also important that these workers and leaders have abilities to create conditions and situations for people to learn the benefits of banding together, finding a common purpose and undertaking planning that will result in desired change. The skilful worker and leader fills key roles in the change process, a process that contributes to increasing the practical knowledge necessary to restructure the future.

4. ELDERS AS RESOURCE PERSONS/EDUCATORS

Do the oldest members of the communities have meaningful roles in their communities?

A quick survey of community workers and leaders, conducted by the author of this paper, reveals that most older people do not fill leadership, worker or volunteer roles directly related to governance and programming. Most of them do not see themselves as having the knowledge and skills that are relevant to address

effectively the issues, problems and other challenges facing their councils and workers. Some others spend most of their energies on surviving each day and sometimes helping adult children survive by assisting in the care of grandchildren and sometimes great-grandchildren. They do not appear to have the energy to give serious thought to their tomorrows.

Still other older individuals worry about their own safety and security. There are incidents of elder abuse involving, for example, theft of old age pension cheques, food and other materials necessary to satisfy basic physical needs. It seems that such individuals do not have the support and care of grown children, grandchildren and other relatives. This may be viewed as an example of breakdown in the family and other social systems which can be related to cultural disruption. It is tragic that some older community members suffer the consequences of these changes.

Those elders who are involved in community work fill roles such as teachers of their traditional language, history and customs. Some of them serve as advisers to their local councils and workers. Many of those who are physically active and possess relative health help their extended families by providing care of children, teaching traditional skills and giving support and understanding when indicated. It is estimated that in the average community less than half the older members have some involvement in recognized community work.

Most elders will point out that they do not have the education and training necessary to address effectively pressing problems such as violence, abuse, addictions, suicides and so on. Given the nature of their formative and later experiences, this group of people did not have the opportunities to create the kinds of knowledge to prepare and equip them as agents of change or educators. Thinking skills were not a feature of the curricula they were taught.

Adult programs offering courses to complete high school began to be offered in larger communities in British Columbia about 25 years ago. Most such programs were geared to completion of enough academic work to take vocational

kinds of training. No programs were tailored to promote personal wellness, self-care, self-management and the preparation of agents of change from within the Indigenous societies. The majority of the First Nations communities did not have local programs to do any upgrading of academic and other skills until just over a decade ago.

In addition, the availability of community-based opportunities to grieve and to heal traumas associated with significant losses—physical violence, sexual abuse, abandonment, death of caregivers and so on—is new. The incidence of violence and abuse in the lives of men and women between 35 and 55 indicates that it was perhaps more prevalent in the lives of the earlier generations. This means that grieving and healing are needs of elders too, especially if they are expected to fill more important roles as agents of change or educators, policy makers and analysts of history, contemporary issues and so on.

It takes conscious effort to enter and be involved in processes that make it possible for the learner to identify or name the knowledge that is embedded in life experience. Most older members of Indigenous communities have not had opportunities to discover and actually name the knowledge to others. Because of this, they find it difficult to transmit their knowledge to others. Effective transmission takes more than merely telling someone something that they should learn. It calls for involvement from the learner, which is facilitated by doing such things as: (1) being clear or focused upon what specifically is to be learned; (2) relating what is to be taught to something that is familiar to the learner (it is part of his or her life experience); (3) interacting with the learner in ways for him or her to show that they understand what is being taught and can use it appropriately; and (4) having the learner apply the newly acquired knowledge to another situation.

The relationship that best facilitates this kind of teaching/learning is developed by the educator who is always willing to learn and by a learner who is willing to share what he or she has experienced; that is, to be teacher in the

relationship just as a teacher is learner from time to time. During the modern historical era, Indigenous communities have had few models of this kind of interaction. What they know best is the oppressive model which features a person, believing he or she knows the answers, telling someone else what to think or to do. Such individuals often become angry when they are not listened to. This is the model that First Peoples have had to survive under for well over a hundred years. Today they do not need outsiders to oppress them. They have them within their own families and communities.

CONCLUSION

With real opportunities to grieve, heal and develop insight or self-knowledge, older members of First Peoples communities would make a much bigger difference. Many more of them would be able to identify the knowledge they possess and use it in their efforts to transmit culture. They each have considerable life experience, a wonderful resource that has hardly begun to be explored. While the exploratory process that is outlined above takes place, the learner creates rich opportunities to empower self. An effective educator creates conditions and situations for the learner to learn and use knowledge. Through this process the learner demonstrates his or her ability to change and to make change. Assisting others to empower themselves and witnessing this transformation is truly inspiring.

**RECYCLING THE 'ELDERS'
IN THE INUIT SOCIAL LIFE**

by

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INTRODUCTION

The 'Elders' are not doing well in contemporary Inuit society in Canada. They have become disillusioned and at times distressed, after all the hopes that were raised in the 1960s by government promises of regional development, the building of prefabricated homes, schools, infirmaries, and so on. They believed at the time that with better material living conditions, future generations would enjoy well-being and prosperity. They had no idea that as a result of demographic expansion and schooling for their children, they would gradually become marginalized, both culturally and politically. Stripped of their power and traditional authority, they are helpless in the face of increasing unemployment and violence, suicide among young people and alcohol and drug abuse. Their opinions are no longer valued. Sometimes they are abused or turned into objects of folklore when people get them to talk about the past in the local media.

This tragedy, the exclusion of seniors from social life, could seem inevitable and comparable with what happens in southern Canada, where seniors are increasingly shut away in retirement homes, if we neglected to mention the place that Inuit society originally accorded its elders. To understand this, it is necessary to invoke the circular concept of time that the Inuit subscribed to, with the replacement of the generations—as opposed to the linear and cumulative concept of time prevalent in the Western world, where seniors are gradually expelled from socio-economic life, just as used goods.

1. THE LIFE OF THE INUIT—THE CYCLES

The Inuits' entire social, economic and religious life was traditionally marked by their original concept of life cycles, beginning with the cycle of the universe in motion, in which the opposing forces—order and disorder, rupture and mediation—are held in delicate balance, with the trajectory of the heavenly bodies, which served as a reference point for the other cycles. For the Inuit, performing a ritual facing the universe (Sila), that is, the sun's trajectory, meant taking part in the order of the World.

The Inuit had similar concepts of the life cycle of game. Animals were to be killed in a sensitive manner so that they would agree to be reborn and offer

themselves to the hunters once again. The same held true for the cycle of the transmigration of soul names which, after the death of the body with which they were associated, attempted to be reincarnated in the newborn. There was also the cycle of human life with the many rituals marking the major passages from birth to death. Lastly, there was the annual cycle, with the change of seasons and the winter night and the summer sun.

The Inuit 'Elders' knew that they would live again in their descendants, just as they were the reincarnation of one of their ancestors in a never-ending cycle. During their lifetime, they were meticulous about giving the names of their dead relatives to their grandchildren. When a spouse died, it was customary to give his or her name to the first born child in the extended family. Children were even given to widows to ease their pain and to enable them to symbolically re-establish the emotional and social bonds with their dead husband. In the case of a widower, the dead wife's name was given to a descendant child, and arrangements were made for the widower and his wife's namesake to come into contact with one another as much as possible.

Adoptions of babies by senior couples or by widows never posed a problem, contrary to what would happen in Québec and Canada in the same situation, the law setting at 40 years the maximum allowable age difference.

Almost all the couples who could no longer conceive children adopted children in a more or less official and permanent fashion by choosing them among their grandchildren. These children had the advantage of receiving the knowledge handed down by their grandparents, and learning things about their traditional culture that their own parents often did not know. These adopted children served as their grandparents' staff of old age, bridging the generation gap in the same way as the handing down of family names.

The 'Elders' were considered the guardians of tradition and wisdom. Young children were taught to venerate them. They were even told that if they did not

uphold this precept, their lives would be shortened. Children had to respect their parents, as did younger children their older siblings, and children the seniors.

The conjugal families of one or two married children often lived with their parents, providing the seniors with material support and subsistence and the children with intellectual and spiritual guidance. The advent of factory-built housing marked the disintegration of that type of household unit.

2. THE LIFE OF THE INUIT – THE POWERS

Numerous powers were devolved upon the 'Elders,' such as negotiating marriages, assigning names, transferring children, be they orphaned or adopted, and watching over the sharing of caribou skins (which were to be made into winter clothes) after the group hunts in the fall. They also ensured that prescriptions and prohibitions were complied with, especially with regard to game, newborn children, the great spirits and the dead. These powers were slowly taken away from them by economic development officers from the south, welfare agencies, Eurocanadian medical personnel, missionaries from other cultures, and the southern-controlled electronic media. Political power, which is governed by Eurocanadian rules, is wielded by young adults democratically elected by a population whose numbers are dominated by people under 30. The growing malaise in terms of the division of political power came to the forefront at *Indigenous 500*, a major Native gathering in Hull in 1992. The organizers had scheduled four parallel workshops: one on political issues, one on problems between men and women, one on children's problems and one on 'Elders.' On the second day of the conference, the Elders interrupted the workshops and summoned all the participants in the plenary hall, where they protested about their being excluded and being relegated to a workshop on folklore. They demanded that from now on discussions take place in plenary meetings and that all participant groups take part.

CONCLUSION

It is urgent that the Inuit 'Elders,' like those of the other First Nations be 'recycled,' that is, they have to be reincorporated into the social and symbolic life cycles of groups. Such recycling requires the restoration of their language and the shamanic philosophy characteristic of their culture, and their reappropriation of birth and its attendant rituals. Experiments have been tried in some communities, but in piecemeal or ephemeral a fashion. They must be taken a step further, and social life between the Inuit and their 'Elders' must be rethought for future generations.



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